



2003

CHIP Enrollee Survey Results and Analysis

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for the

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1.0 EXECUTIVE SUMMARY

This is a summary of an annual survey of families with children enrolled in the Montana CHIP program. The survey assesses patient satisfaction with the CHIP program, CHIP providers, and quality of care. In May 2003, 1,000 surveys were mailed to a random sample of CHIP families. Although families might have more than one child enrolled in CHIP, the random sample was based on selecting no more than one child within the same family or household unit. The survey yielded a high response rate of 43%, 432 completed surveys were received.

FINDINGS

- **97% of respondents rated their satisfaction with CHIP as very satisfied.** On a scale from zero (“completely unsatisfied”) to 10 (“completely satisfied”) 97 percent of respondents rated their overall level of satisfaction with the CHIP program at a level of seven or higher. This percentage is the same as the latest survey done in 2002.
- **41% rated their provider as “the best personal provider possible”,** 86% rated their provider between seven and ten (on a scale of zero “worst personal provider possible” to 10 “best personal provider possible”).
- **88% rated their understanding of CHIP as high.** On a scale from zero to 10 (“understand completely”) 88 percent of respondents rated their overall understanding at a level of seven or higher. In 2002, 81 percent rated their understanding at level seven or higher.
- **32% reported their child received preventive care.** This is up three percent from 2002.
- **86% surveyed reported their child had not used the emergency room in the last six-month period.** This percent did not change from 2002.
- **92% reported they felt there was never a time when their child received fewer services than other patients.**
- **87% surveyed rated their dental care as “best possible”.** On a scale from zero to 10 (“best dental care possible”) 87 percent of respondents rated their overall understanding at a level of seven or higher. This is up six percent from 2002.
- **80% reported using the BlueCHIP enrollee handbook,** 99% of those who used the handbook found it very or somewhat useful.

ENROLLEE COMMENTS

Many of the survey respondents had positive comments about the CHIP program:

- *I am so happy to be able to have this coverage for my daughter. Rates are so high and unaffordable that I don't know what we would do without CHIP. Thank you and everyone who is part of continuing this program!!*
- *CHIP has been a great help to our family and as a parent I would help out in anyway to keep CHIP going. Thanks.*
- *I am very grateful to have this insurance. When I am no longer in the program I will support it to make sure all children get care when needed and medical care to prevent problems in the future.*

- *Thank you for this incredible insurance!! We don't know what we'd do without it. It is an awesome blessing!*
- *CHIP has helped my child receive care we would never be able to afford. I think it is wonderful. Thank you so much!*
- *Chip is a superb program, I don't know what we would if we weren't able to use it. If I have questions, I call or look at books and both tell me all I need to know. I thank God and the people of Chip, it is a wonderful benefit for my child and I!!*

There were also several comments from respondents about problems with the dental program:

- *My only wish is that the CHIP program would allow more money for the dental part of the service. I had to pay \$250.00 last time over and above the CHIP coverage and he is still getting work done.*
- *The medical part of blue chip is Great! I am so thankful for it. However, the dental part awful! I had to jump through hoops to even get a dentist to except my child. The amount allowed for expenses is so low my child used that up after the 2nd visit. The dental offices will not take payments so once our dental money is gone, we have to pay 100% of the visit at the time of the visit. A cleaning alone is over \$100 not to mention fillings and such. It is very hard to keep up on my child's dental care, I feel the dental part of Blue Chip really does need to change a bit. Thank You.*
- *The dental program needs some work. Adding providers and additional funds. The individual allotment does not allow for enough for fillings or extractions. This would better serve someone if more than one tooth needed filled.*
- *I have found that it is very difficult to schedule dental appointments for my child. There are only a couple of dentists in Billings that accept CHIP and they only accept a certain number of patients but want to put us on a waiting list.*

CONCLUSIONS

Overall, most families' surveyed agreed the CHIP program is a beneficial program that works well. Families surveyed this year seemed to be as happy with the CHIP program as the families who have been surveyed the past two years. A majority of respondents said they are satisfied with the program, and the many comments received reinforce those sentiments. There appears to be no significant program issues.

As in the past two years, negative comments by respondents addressed the dental program. The issues with the dental program are statewide and are not specific to CHIP. MAXIMUS recommends continuing to educate parents of CHIP enrollees about the problems with accessing dental care in Montana is a statewide problem for everyone.

The percent of enrollees receiving preventive care increased in 2003 to 32% from 29% in 2002. Because the overall percent receiving preventive care remains low, MAXIMUS recommends the

CHIP program review current methods of outreach and education and incorporate a more aggressive approach to preventive care. Many programs, including Montana's Medicaid Managed Care Program PASSPORT To Health, have instituted a preventive care 'reminder' program. It may be worthwhile to investigate the feasibility of doing such a program for CHIP.

In conclusion, CHIP continues to receive high ratings from its' enrollees. The vast majority of respondents reported they are generally happy with all aspects of CHIP and are grateful to have the program available for their children.



2.0 INTRODUCTION TO THE STUDY

The purpose of the annual survey is to assess client satisfaction regarding the perceived quality and timeliness of services received by individual providers as well as the CHIP program. The intention of this survey is not to compare the Montana CHIP program to other states. Instead, this survey is designed to assess patient satisfaction with the program in various areas, such as quality of care, timeliness of care, and available providers. It is conducted annually to determine if there are changes in the quality or timeliness of care from year-to-year.

The CHIP survey tool was developed by MAXIMUS in conjunction with the CHIP Quality Assurance Program Officer at the Department of Public Health and Human Services. In creating the CHIP survey, MAXIMUS used the child survey instrument created for Montana's PASSPORT program as a guide to ensure survey findings from both programs could be compared. Although there are a few differences between the CHIP and the PASSPORT child survey instruments, a significant number of questions are the same in both surveys.

Conducting the survey on an annual basis facilitates a comparative analysis of findings from one year to the next. Any changes that occur to the survey instrument each year is minimal to ensure that yearly comparisons can be made.



3.0 METHOD OF RESEARCH

3.1 Sample Selection

During May 2003, MAXIMUS received an electronic file from the Department of Public Health and Human Services containing a random sample of 1,000 CHIP enrollees. During random selection, procedures were used to ensure only one child per household was selected for the survey, and the sample contains no names that were used for previous CHIP surveys.

Descriptive analysis of survey findings included generating tables and graphs showing the frequency distributions associated with each survey question. The percentages in each measurement are based only on the number of people who answered each specific question. For example, if 10 of the 432 respondents did not answer question number one, but 400 answered "yes" and 22 answered "no" the percentages would be based on 422, not 432. Responses from those who did not appropriately follow skip patterns were excluded from percentage calculations also.

NCQA standards for administering the CAHPS survey suggest the sample size should be sufficient in size to ensure the margin of error associated with survey responses is +/- 5 percent using a 95 percent confidence interval. In our experience of attaining more than a 40 percent response rate for the CHIP survey, a sample size of 1,000 is more than sufficient to ensure we do not exceed a +/- 5 percent margin of error using a 95 percent confidence level.

3.2 Survey Procedure

In May 2003, 1,000 CHIP surveys were mailed to households selected to participate in the survey. Responses from the survey were entered into a Microsoft ACCESS database as surveys were returned. Our database also included the ability to track surveys sent to incorrect addresses. Client identifying information was excluded in conducting the analysis to ensure client confidentiality.

Approximately two weeks after the initial surveys were mailed reminder postcards were sent to non-respondents. This postcard was intended to encourage families to complete and return the CHIP survey.



4.0 SURVEY RESEARCH FINDINGS

In the sections that follow we present the overall findings from the survey. The sections are organized into the following areas:

- 4.1 Characteristics of CHIP Children and Survey Respondents
- 4.2 Utilization of and Satisfaction With CHIP Customer Service and Materials
- 4.3 All About Your Child's Personal Provider
- 4.4 All About Your Child's Health Care
- 4.5 Getting Dental Care
- 4.6 Getting Preventive Care
- 4.7 Timeliness of Receiving Care
- 4.8 Provider Communications



4.1 Characteristics of CHIP Children and Survey Respondents

Fifty-five percent of survey responses pertained to males, 45 percent pertained to females, and one percent of responses were missing gender information. When asked how long they had been enrolled in CHIP, 39 percent of households had a child enrolled longer than 24 months with 35 percent enrolled for 12 to 24 months and almost one-quarter enrolled for six to twelve months.

Eighty-seven percent of households rated their child's health as "Excellent" or "Very Good". None of the surveyed households rated their child's health as "Poor".

Ninety-one percent of respondents indicated their child was "White" and six percent indicating their child's race as "American Indian or Alaska Native". One percent indicated their child's race as "Black or African American" or "Asian". None of the respondents indicated a race of "Native Hawaiian or Pacific Islander" and two percent of respondents did not provide race information. An estimated 96 percent of household's indicated their child's ethnicity as "Not Hispanic or Latino".

Thirty-three percent reported their child was between 12 and 18 years old, 25 percent between seven and 11 years, 23 percent between three to six years, and 18 percent were up to age two years.

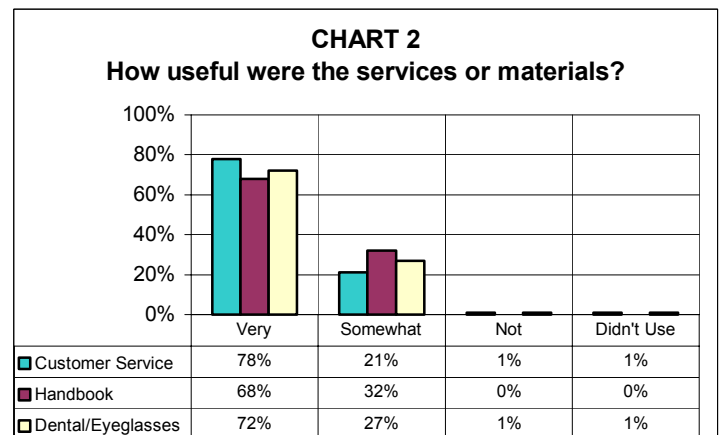
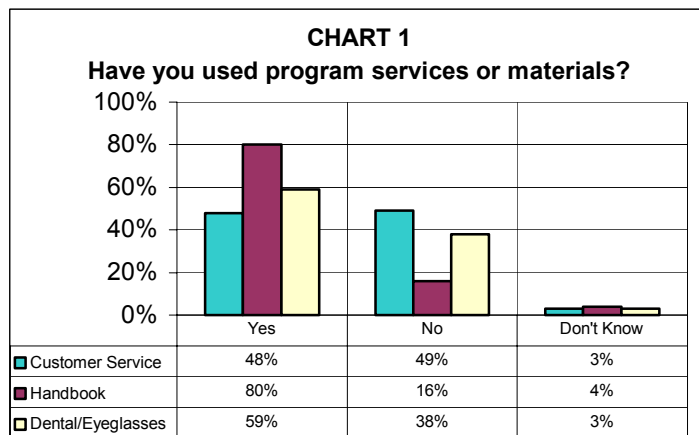
A large percentage (91 percent) of survey respondents were female. Forty-five percent were between 35 and 44 years old with another 33 percent between 25 and 34 years old. Thirty-two percent of household respondents completed high school or equivalent and 33 percent had some college or a two-year college degree.



4.2 Utilization of and Satisfaction With CHIP Customer Service and Materials

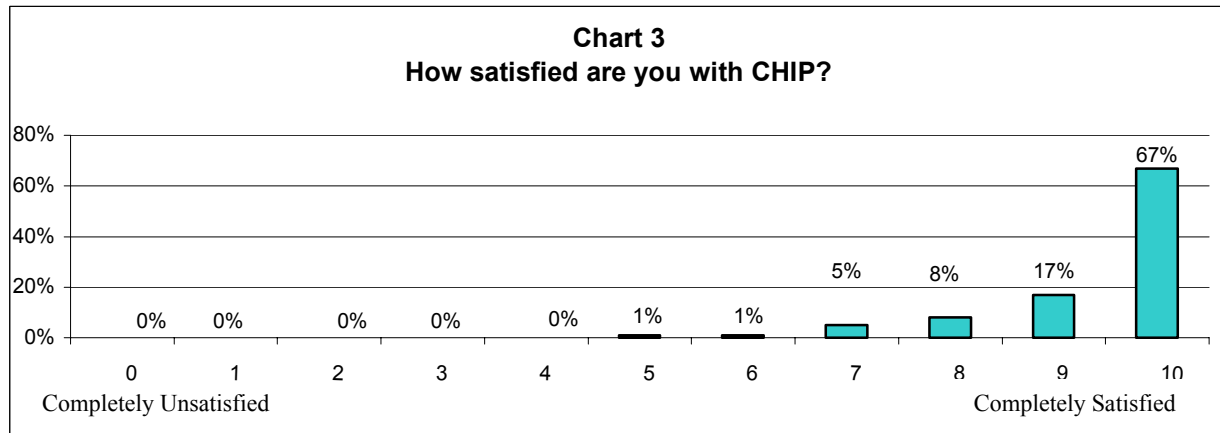
Families were asked to rate their overall understanding of the CHIP Program on a scale from zero (“Do Not Understand At All”) to 10 (“I understand Completely”). Seventy percent of respondents rated their level of understanding of the CHIP program at a value of eight or higher.

Respondents also were asked if they have used CHIP program materials and whether the materials were useful¹. As shown in Chart 1, less than half of respondents (48 percent) used BCBS/BlueCHIP Customer Service, 80 percent used the BlueCHIP Enrollee Handbook, and 59 percent used the booklet on dental and vision care. Chart 2 illustrates for those respondents who used Customer Service, 78 percent found the service “Very Useful”. For those who have used the BlueCHIP Enrollee Handbook, 68 percent found it “Very Useful” and another 32 percent found it “Somewhat Useful”. An estimated 68 percent of those who used the dental and eyeglasses booklet found it “Very Useful”.



¹ Some respondents who indicated they did not use the various services and products rated the usefulness of the product incorrectly (e.g., they did not denote they “did not use the service” in the rating questions). As a result, the percentages reported for the usefulness questions only are based on those who used services or materials.

On a scale from zero (“Completely Unsatisfied”) to 10 (“Completely Satisfied”) 84 percent of respondents rated their overall level of satisfaction with the CHIP program at a level of nine or higher. Chart 3 illustrates the distribution of respondents by level of satisfaction with the CHIP program.



4.3 All About Your Child’s Personal Provider

CHIP families were asked how much of a problem it was to get a personal provider for their child with whom they are happy. Seventy-six percent responded getting a provider was not a problem. Twenty percent indicated they did not get a new personal provider.

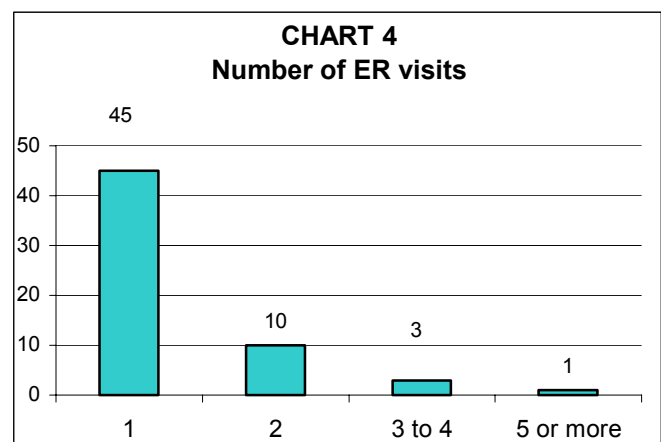
When enrollees were asked to rate their provider from zero (“Worst Personal Provider Possible”) to 10 (“Best Personal Provider Possible”), 77 percent rated their child’s provider at eight or higher with 41 percent rating their child’s provider as the “Best Personal Provider Possible”. Six percent of respondents reported their child did not have a personal provider.



4.4 All About Your Child’s Health Care

Families were asked if their provider’s office helped them find another place to go when their personal provider could not see them. Forty-four percent reported the provider’s office did provide this type of assistance. Of those who said yes, 81 percent were referred to another doctor or nurse, seven percent were referred to a public health clinic or community health center, and six percent were referred to a hospital emergency room.

We also asked families to indicate the number of times they used the emergency room in the last six months. Overall, 86 percent reported they had not used the emergency room in the last six months. Of those who had used the emergency room, 76 percent used the emergency room one time and 17 percent used the emergency room two times. Chart 4 illustrates the number of enrollees who visited the emergency room.

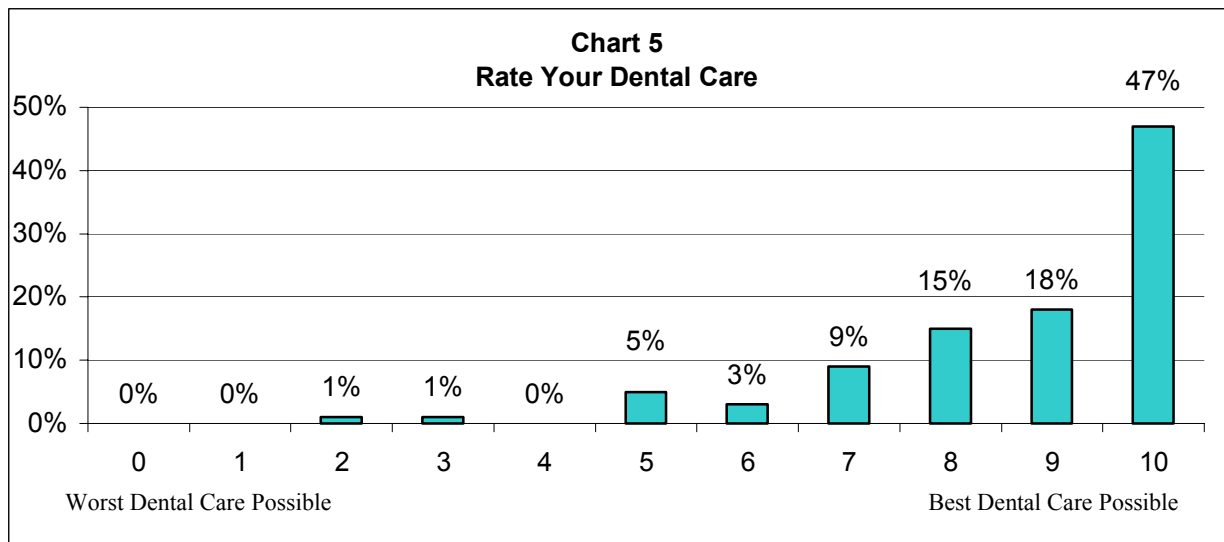




4.5 Getting Dental Care

The CHIP survey included a number of questions about access to and utilization of dental care services. Fifty-one percent of CHIP respondents indicated their child received dental care in the last six months. Of those who received dental care, 55 percent visited the dental provider two times, 30 percent visited three times, and 12 percent visited four times.

Respondents were asked to rate the quality of dental care their child received on a scale from zero (“Worst Dental Care Possible”) to 10 (“Best Dental Care Possible”). As illustrated in Chart 5 below, 80 percent of respondents rated the quality of dental care as an eight or more with 47 percent indicating the quality of care was best possible.



4.6 Getting Preventive Care

One of the advantages of being enrolled in a health care plan is having access to preventive care services. Thirty-two percent of respondents indicated their child received preventive care within the last six months. Of those who did not receive preventive services, 92 percent reported their child did not need any preventive care during the last six months.

For respondents with children enrolled who were two years or younger, 62 percent reported they received reminders from the provider’s office for a check-up or to see how the child was doing. Ninety-three percent of respondents reported they had taken their child in for health care services since birth.



4.7 Timeliness of Receiving Care

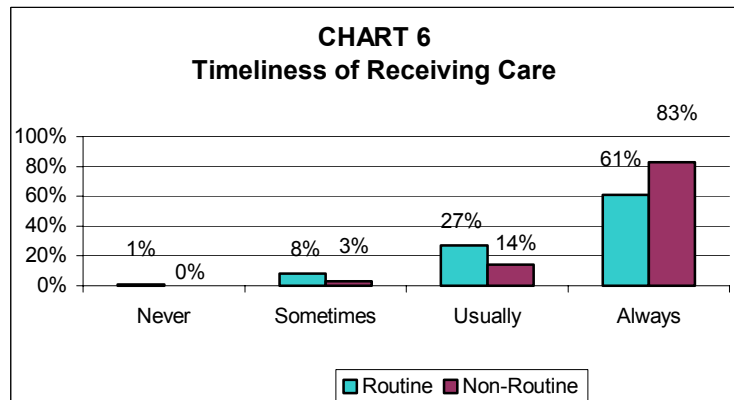
An important measure of quality of care is the timeliness of receiving required care. Respondents were asked whether their child received timely care for both routine and non-

routine care. Non-routine care is care required due to an illness or an injury. Sixty-one percent of respondents indicated they were “Always” able to obtain regular or routine care for their child when they wanted and 83 percent were “Always” able to receive such care due to an illness or injury. Eighty-two percent of respondents waited for a week or less for routine care, while 88 percent or less obtained non-routine care within one day or less of the request. Chart 6 indicates surveyed responses on how often parents felt their children were able to get an appointment with a provider as quickly as they wanted.

After arriving at the provider’s office, more than half of respondents (55 percent) reported they waited no more than 15 minutes to see their child’s provider and 38 percent waited between 16-30 minutes.

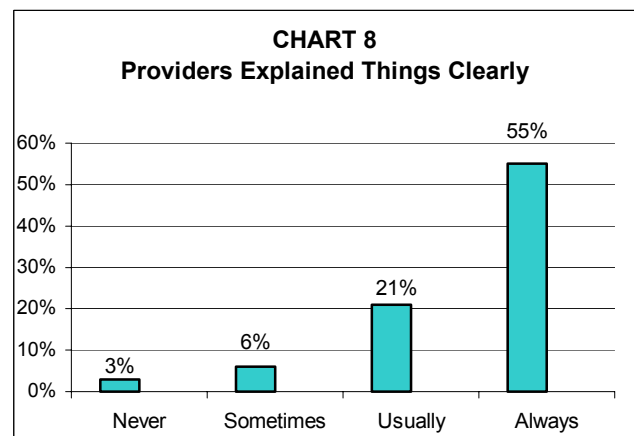
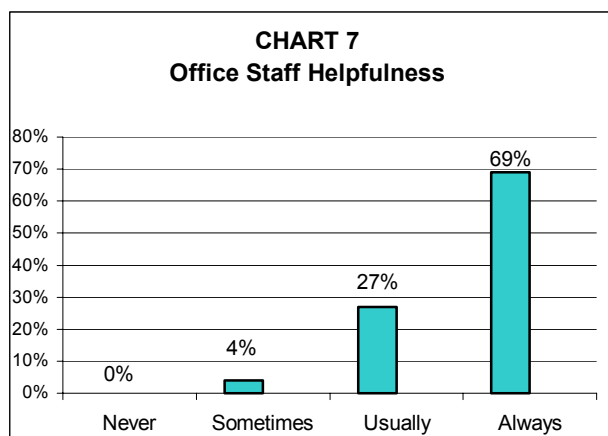


4.8 Provider Communication



Communication is key in an enrollee’s understanding of his or her health and treatment. Good communication may be one of the biggest factors in a patient’s compliance (or lack of compliance) to health care recommendations. We asked families some questions in reference to both the provider and the provider’s office staff. We did not specifically ask about communication of the office staff; however, we did ask how often the office staff was helpful. Helpfulness does not always equate with communication, however, a client’s perception of helpfulness could relate to their ease in communicating with the office staff.

Fifty-two percent of survey respondents called a provider’s office during regular office hours to receive help or advice concerning their child. Of those who called, an estimated 79 percent “Always” received required help or advice. For children who went to a provider’s office within the last six months, 69 percent reported office staff were as helpful as the respondent thought they should be as shown in Chart 7. An estimated 55 percent of respondents whose children had gone to the provider’s office during the last six months reported the provider “Always” explained things in a way the child could understand (shown in Chart 8).



5.0 CONCLUSION



Overall, the families surveyed this year seemed to be as happy with the CHIP program as the families who have been surveyed the past two years. A majority of respondents said they are satisfied with the program, and the many comments received reinforce those sentiments. There does not appear to be area of the program that has significant issues that need to be addressed.

As in the past two years, most of the negative comments addressed the dental program. The issues with the dental program are statewide and are not specific to CHIP. MAXIMUS recommends continuing to educate parents of CHIP enrollees about the problems with accessing dental care in Montana is a statewide problem for everyone.

The percent of enrollees receiving preventive care increased in 2003 to 32% from 29% in 2002. Because the overall percent receiving preventive care remains low, MAXIMUS recommends the CHIP program review current methods of outreach and education and incorporate a more aggressive approach to preventive care. Many programs, including Montana's Medicaid Managed Care Program PASSPORT To Health, have instituted a preventive care 'reminder' program. It may be worthwhile to investigate the feasibility of doing such a program for CHIP.

In conclusion, CHIP continues to receive high ratings from its' enrollees. The vast majority of respondents reported they are generally happy with all aspects of CHIP and are grateful to have this program available for their children. According to respondents, CHIP has had another successful year and is on the right track to receive the same high ratings for next year.